



PALOS COMMUNITY CONSOLIDATED SCHOOL DISTRICT 118

IMPORTANT NOTICE OF HEALTH REQUIREMENTS FOR EARLY CHILDHOOD/ PRE-K STUDENTS
ALL HEALTH REQUIREMENTS MUST BE TURNED IN BY THE FIRST DAY OF SCHOOL
OR CHILD WILL BE EXCLUDED FROM SCHOOL ATTENDANCE

The State of Illinois and Palos Consolidated School District 118 **require** that each student **provide proof** of having met the following health requirements for school:

1. **EVIDENCE OF A PHYSICAL EXAMINATION** by a State Licensed Health Care Provider (using the "Certificate of Child Health Examination" form) within one year of entering school.
2. **MEDICAL VERIFICATION OF COMPLETE IMMUNIZATION HISTORY**, which states month, day, year, and signature of the doctor or nurse for each immunization below.
 - a. DTP/DTaP: At least 4 doses
 - b. POLIO: At least 3 doses
 - c. HEPATITIS B: A series of three doses
 - d. VARICELLA: One dose on or after 12 months of age (may have laboratory proof or verification of disease by Health Care Provider)
 - e. MEASLES: The first dose after 12 months of age and the second dose no sooner than one month later (may have laboratory proof or verification of disease by Health Care Provider)
 - f. MUMPS: One dose on or after 12 months of age (may have laboratory proof or verification of disease by Health Care Provider)
 - g. RUBELLA: One dose on or after 12 months of age (may have laboratory proof)
 - h. HAEMOPHILUS INFLUENZA TYPE B
Those who have not received the primary series of Hib vaccine according to the Hib vaccine schedule must show proof of receiving 1 dose of Hib vaccine at 15 months of age or older.
 - i. INVASIVE PNEUMOCOCCAL DISEASE: One dose of pneumococcal vaccine, if the primary series of pneumococcal vaccine has not been received
3. **MEDICAL VERIFICATION OF DIABETES SCREENING IS REQUIRED.**
4. **MEDICAL VERIFICATION OF LEAD SCREENING IS REQUIRED.** If screening determines the student is at risk, proof of blood testing, according to the Illinois Department of Public Health, is also required.
5. **APPROVAL OF PARTICIPATION IN PHYSICAL EDUCATION AND INTERSCHOLASTIC SPORTS** near the bottom of the page must be checked by the health care provider with modifications, if needed.
6. **HEALTH HISTORY** to be completed and signed by a parent/guardian and verified by the health care provider.

Please be sure that the physical form is completed entirely BEFORE you leave the doctor's office.

Charting the Course for the Future